

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Oklahoma State Medical Association PAC

ADDRESS (number and street)

PO Box 54520

☐Check if different
than previously
reported. (ACC)

Oklahoma City

OK

73154

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00030007

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

OK

5. Covering Period

10

01

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Barbara Jett

Signature of Treasurer

Electronically Filed by Barbara Jett

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Oklahoma State Medical Association PAC

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 0 | 1 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 7 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 448031.49 |
| (b) Cash on Hand at Beginning of Reporting Period | 556723.49 | |
| (c) Total Receipts (from Line 19) | 26325.00 | 135017.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 583048.49 | 583048.49 |
| 7. Total Disbursements (from Line 31) | 519621.60 | 519621.60 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 63426.89 | 63426.89 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Oklahoma State Medical Association PAC

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 20550.00 | 90941.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 5775.00 | 44076.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 26325.00 | 135017.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 26325.00 | 135017.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 26325.00 | 135017.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 26325.00 | 135017.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 519621.60 | 519621.60 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (b) Political Party Committees | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0.00 | 0.00 |
| (ii) "Levin" Share | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 519621.60 | 519621.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 519621.60 | 519621.60 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 26325.00 | 135017.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 26325.00 | 135017.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)

MD Ron Barber

Mailing Address 2004 Stratford Ct.

City State Zip Code
Ardmore OK 73401

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7679

Amount of Each Receipt this Period

200.00

contribution

B. Full Name (Last, First, Middle Initial)

Jenny Boyer, MD

Mailing Address 3707 Hidden Hill Rd.

City State Zip Code
Norman OK 73072

FEC ID number of contributing
federal political committee.

C

Name of Employer
ODMHSSA

Occupation
psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7746

Amount of Each Receipt this Period

150.00

OMPAC contribution

C. Full Name (Last, First, Middle Initial)

Edward Brandt, MD

Mailing Address 805 NE42nd St.

City State Zip Code
Oklahoma City OK 73105

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUHSC

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7673

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Charles Brekke, MD Mailing Address 5501 Canaan Creek Rd. City State Zip Code Edmond OK 73034 FEC ID number of contributing federal political committee. C Name of Employer Radiology Consultants, Inc. Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | | | Date of Receipt MM / DD / YYYY 11 / 15 / 2006 Transaction ID: SA11A1.7738 Amount of Each Receipt this Period 1000.00 OMPAC contribution |
| B. Full Name (Last, First, Middle Initial) Ms. Blair Brockman Mailing Address 3231 S. Utica City State Zip Code Tulsa OK 74105 FEC ID number of contributing federal political committee. C Name of Employer n/a Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00 | | | Date of Receipt MM / DD / YYYY 11 / 01 / 2006 Transaction ID: SA11A1.7702 Amount of Each Receipt this Period 500.00 contribuion |
| C. Full Name (Last, First, Middle Initial) Todd Brockman, MD Mailing Address 3231 S. Utica City State Zip Code Tulsa OK 74105 FEC ID number of contributing federal political committee. C Name of Employer Tulsa Ophthalmology Inc. Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00 | | | Date of Receipt MM / DD / YYYY 11 / 01 / 2006 Transaction ID: SA11A1.7703 Amount of Each Receipt this Period 500.00 contribution |

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) Douglas Brown, MD Mailing Address 1925 Mockingbird City State Zip Code Enid OK 73703 FEC ID number of contributing federal political committee. C Name of Employer self Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.7674 Amount of Each Receipt this Period 150.00 contribution |
| B. Full Name (Last, First, Middle Initial) Dr. Robert C. Brown Mailing Address 6917 Avondale Court City State Zip Code Nichols Hills OK 73116 FEC ID number of contributing federal political committee. C Name of Employer Plaza Medical Group Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.7665 Amount of Each Receipt this Period 150.00 contribution |
| C. Full Name (Last, First, Middle Initial) Dr. Robert C. Brown Mailing Address 6917 Avondale Court City State Zip Code Nichols Hills OK 73116 FEC ID number of contributing federal political committee. C Name of Employer Plaza Medical Group Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.7680 Amount of Each Receipt this Period 150.00 contribution |

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) MD George Caldwell Mailing Address 2305 S. Columbia City State Zip Code Tulsa OK 74114 FEC ID number of contributing federal political committee. C Name of Employer ECI Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.7747 Amount of Each Receipt this Period 1000.00 OMPAC contribution |
| B. Full Name (Last, First, Middle Initial) Dr. Chris Carey Mailing Address 4221 South Western Suite 5045 City State Zip Code Oklahoma City OK 73109 FEC ID number of contributing federal political committee. C Name of Employer Surgical Specialists of OK Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.7695 Amount of Each Receipt this Period 1000.00 contribution |
| C. Full Name (Last, First, Middle Initial) Mary Lou Casper Mailing Address PO Box 20545 City State Zip Code Oklahoma City OK 73156 FEC ID number of contributing federal political committee. C Name of Employer n/a Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.7669 Amount of Each Receipt this Period 100.00 contribution |

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)

Stanley DeFehr, MD

Mailing Address 3400 E. Frank Phillips Blvd. #502

City State Zip Code
Barlesville OK 74006

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7711

Amount of Each Receipt this Period

200.00

contribution

B. Full Name (Last, First, Middle Initial)

Dr. Karl Detwiler

Mailing Address 6767 A S. Yale Ave.

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgery Specialists

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7696

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)

MD James Dunagin

Mailing Address 220 N. 6th St.

City State Zip Code
McAlester OK 74501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7699

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)

Robert Ellis, MD

Mailing Address 6703 Avondale

City State Zip Code
 Nichols Hills OK 73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7710

Amount of Each Receipt this Period

150.00

contribution

B. Full Name (Last, First, Middle Initial)

MD Mark Fogle

Mailing Address 314 SE Camelot

City State Zip Code
 Lawton OK 73501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7720

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)

Josephine Freede

Mailing Address 316 NW 39th St.

City State Zip Code
 Oklahoma City OK 73118

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7688

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Guy Grooms

Mailing Address 8031 W 16 N

City State Zip Code
Muskogee OK 74401

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7753

Amount of Each Receipt this Period

1000.00

OMPAC contribution

B. Full Name (Last, First, Middle Initial)

Dr. Kimberly Hanigar

Mailing Address 814 Madeline Dr.

City State Zip Code
Shawnee OK 74801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7652

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)

James Henderson, MD

Mailing Address 333 S. 38th Ste. E.

City State Zip Code
Muskogee OK 74401

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7736

Amount of Each Receipt this Period

150.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. James Hendrix, MD

Mailing Address 6112 Beaver Creek Rd.

City State Zip Code
Oklahoma City OK 73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants Inc.

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7654

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Mason Jett, MD

Mailing Address 12508 Arrowhead Terr.

City State Zip Code
Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Specialists of
OK

Occupation
surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7660

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Douglas Kaplan, MD

Mailing Address 6515 Lenox Ave.

City State Zip Code
Oklahoma City OK 73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7724

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)
Larry Kincheloe, MD
Mailing Address 3330 NW 56th, Ste. 300

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7694

Amount of Each Receipt this Period

150.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Douglas R. Koontz
Mailing Address 6767-A S Yale

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgery Specialists,
Inc.

Occupation
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7687

Amount of Each Receipt this Period

500.00

contribution

C. Full Name (Last, First, Middle Initial)
MD Kim Kurvink
Mailing Address 1902 Swan Ln.

City State Zip Code
McAlester OK 74501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7727

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Leckman, MD

Mailing Address 505 NW Sheridan Rd.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Lawton | OK | 73505 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.7678

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. MD Jay Leemaster

Mailing Address 2922 McGee Dr.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Norman | OK | 73072 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Eye Care Oklahoma, Inc.Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.7745

Amount of Each Receipt this Period

500.00

OMPAC contribution

Full Name (Last, First, Middle Initial)

C. Linda Leemaster

Mailing Address 2922 McGee Dr.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Norman | OK | 73072 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Eye Care Oklahoma, Inc.Occupation
Office Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 5 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.7744

Amount of Each Receipt this Period

500.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)
MD Charles Lester

Mailing Address PO Box 678

City State Zip Code
Muskogee OK 74402

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7685

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)

James Mays, MD

Mailing Address 1201 S. Douglas

City State Zip Code
Midwest City OK 73130

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7741

Amount of Each Receipt this Period

200.00

OMPAC contribution

C. Full Name (Last, First, Middle Initial)

MD Kautliya Mehta

Mailing Address 608 NW 9th, Ste. 5204

City State Zip Code
Oklahoma City OK 73102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7751

Amount of Each Receipt this Period

1000.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Noel Miller, MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 201 N. 14th | | Transaction ID: SA11A1.7742 |
| City State Zip Code Okemah OK 74859 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | OMPAC contribution | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Kristen Morgan, MD | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 301 N. Forest Ridge Blve. | | Transaction ID: SA11A1.7698 |
| City State Zip Code Broken Arrow OK 74014 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | contribution | |
| Name of Employer Warren Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) MD Gary Paddack | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 500 SE County Rd. | | Transaction ID: SA11A1.7719 |
| City State Zip Code Ada OK 74820 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | contribution | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation physician Aggregate Year-to-Date ▼ 1000.00 | |

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. W. Frank Phelps

Mailing Address 6903 E. 113th St. S.

City State Zip Code
 Bixby OK 74008

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7686

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Myrna Kirk Pontious

Mailing Address 2830 Wildwood Dr.

City State Zip Code
 Enid OK 73703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ECI

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.7758

Amount of Each Receipt this Period

150.00

OMPAC contribution

Full Name (Last, First, Middle Initial)

C. Gary Rahe, MD

Mailing Address 13209 Cedar Spring Rd.

City State Zip Code
 Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
OK Oncology & Hematology

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7661

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Robison, MD

Mailing Address 200 S. 37th St.

City State Zip Code
Muskogee OK 74401

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7755

Amount of Each Receipt this Period

1000.00

OMPAC contribution

Full Name (Last, First, Middle Initial)

B. A.W. Rousseau, MD

Mailing Address 4205 McAuley Blvd., Ste. 480

City State Zip Code
Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7659

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Linda Ruefer

Mailing Address 15 Beckman Rd.

City State Zip Code
Muskogee OK 74401

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7752

Amount of Each Receipt this Period

200.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. Leslie Samara

Mailing Address 1601 Bedford Dr.

City State Zip Code
 Nichols Hills OK 73116

FEC ID number of contributing federal political committee.

C

Name of Employer
n/aOccupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7743

Amount of Each Receipt this Period

150.00

OMPAC contribution

Full Name (Last, First, Middle Initial)

B. Philip Self, MD

Mailing Address 410 rth St. #G

City State Zip Code
 Alva OK 73717

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7704

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. John Siegle, MD

Mailing Address 807 N. Monte Vista

City State Zip Code
 Ada OK 74820

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7748

Amount of Each Receipt this Period

150.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) MD Tim Smalley Mailing Address 2418 Countryside Dr. City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. C Name of Employer Warren Clinic Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.7646 Amount of Each Receipt this Period 200.00 contribution |
| B. Full Name (Last, First, Middle Initial) Bruce Stoesser, MD Mailing Address 3107 E. 58th St. City State Zip Code Tulsa OK 74105 FEC ID number of contributing federal political committee. C Name of Employer Urologist Specialists of OK Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.7657 Amount of Each Receipt this Period 200.00 contribution |
| C. Full Name (Last, First, Middle Initial) Dr. Eve Switzer Mailing Address 505 W. Carrier Rd City State Zip Code Enid OK 73703 FEC ID number of contributing federal political committee. C Name of Employer self Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.7729 Amount of Each Receipt this Period 150.00 contribution |

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)
MD Edward Taylor

Mailing Address 4030 E. 80th St.

City State Zip Code
Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7732

Amount of Each Receipt this Period

150.00

contribution

B. Full Name (Last, First, Middle Initial)
David Thomas, MD

Mailing Address 6234 E. 99th St.

City State Zip Code
Tulsa OK 74137

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7670

Amount of Each Receipt this Period

150.00

contribution

C. Full Name (Last, First, Middle Initial)
William Tinker, MD

Mailing Address 2101 Mars Ct.

City State Zip Code
Bartlesville OK 74006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bugstem Cardiology

Occupation
cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7734

Amount of Each Receipt this Period

1000.00

OMPAC contribution

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)
Kimberly Tkach
Mailing Address 1721 Park Lawn Dr.

City State Zip Code
Edmond OK 73003

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7723

Amount of Each Receipt this Period

150.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. William Truels
Mailing Address 5701 N. Portland, Suite 120

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.7737

Amount of Each Receipt this Period

200.00

OMPAC contribution

C. Full Name (Last, First, Middle Initial)
Kenneth Whittington, MD
Mailing Address 2817 Dittmer Rd.

City State Zip Code
Oklahoma City OK 73127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
VP Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.7642

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

A. Full Name (Last, First, Middle Initial)
Robert C. Wright, MD

Mailing Address 1815 W. 6th St.

City State Zip Code
Stillwater OK 74074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7671

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

20550.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Oklahoma State Medical Association PAC

Full Name (Last, First, Middle Initial)

A. Oklahoma State Medical Association PAC

Mailing Address PO Box 54520

City
Oklahoma City

State
OK

Zip Code
73154

Purpose of Disbursement
Transfer to State PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.7762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

519621.60

SUBTOTAL of Disbursements This Page (optional)

519621.60

TOTAL This Period (last page this line number only)

519621.60

Image# 26930675966

Form/Schedule: **SB22** Transfer for nonfederal activity over approximately three years.
Transaction ID: **SB22.7762**